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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	:	09/361,542
Applicant(s)	:	Dobrozsi, D.J.
Filed	:	July 27, 1999
Title	:	ORAL LIQUID MUCOADHESIVE COMPOSITIONS
TC/A.U.	:	1615
Examiner	:	Channavajjala, L. S.
Conf. No.	:	5652
Docket No.	:	7247M
Customer No.	:	27752

NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES

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Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is $ 500.00 (35 USC 41.20(b)(1).

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose.
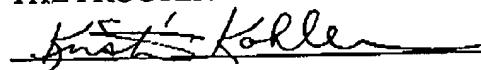
I am:

[X] authorized to act on behalf of the assignee of record of the entire interest, The Procter & Gamble Company. See 37 CFR 3.71. The assignment was recorded on 09/27/1999 at reel 010265 frame 0288.

10/17/2005 LWONDIM1 00000042 162480 09361542

01 FC:1401 500.00 DA

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY

Kristin Kohler
Registration No. 41,907
(513) 622-3371

Date: October 14, 2005
Customer No. 27752

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FACSIMILE TRANSMITTAL SHEET AND

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

TO: <u>Examiner Lakshmi Sarada Channavajjala - United States Patent and Trademark. Office</u>

Fax No. 571-273-8300   Phone No. 571-272-0591

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on October 14, 2005, to the above-identified facsimile number.

_____ (Signature)

FROM: <u>Cynthia Lukas</u> (Typed or printed name of person signing Certificate)

Fax No. 513-622-3300   Phone No. 513-622-1692

Listed below are the item(s) being submitted with this Certificate of Transmission:**

Number of Pages Including this Page: 5

1) Fee Transmittal – orig. w/copy

2) Appeal Brief – orig. w/copy

3)

4)

5)

Inventor(s): Dobrozsi

S.N.:   09/361,542

Filed: July 27, 1999

Docket No.: 7247M

Comments:

**Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

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Respectfully submitted,

THE PROCTER & GAMBLE COMPANY

Kristin Kohler
Registration No. 41,907
(513) 622-3371

Date: October 14, 2005
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U.S. Patent and Trademark Office. U.S. DEPARTMENT OF ...

FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004	Complete if Known		RECEIVED CENTRAL FAX CENTER OCT 14 2005
	Application Number	09/361,542	
	Confirmation Number	5652	
	Filing Date	July 27, 1999	
	First Named Inventor	Douglas J. Dobrozsi	
	Examiner Name	Lakshmi Sarada Channavajjala	
	Art Unit	1615	
TOTAL AMOUNT OF PAYMENT ($500)	Attorney Docket No.	7247M	

METHOD OF PAYMENT

1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION

2. BASIC FILING FEE - Large Entity

Application Type	FILING FEE	SEARCH FEE	EXAMINATION FEE		Fee Paid
Utility	($300)	($500)	($200)	(Total = $1000)	[]
Design	($200)	($100)	($130)	(Total = $430)	[]
Reissue	($300)	($500)	($600)	(Total = $1400)	[]
Provisional filing fee				(Total = $200)	[]

3. APPLICATION SIZE FEE:

Sheets of Spec and Drawings []
($250 for each 50 sheets in excess of 100, except for sequence and program listings)

SUBTOTAL (2)+(3) ($)[]

4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:

	Extra Claims	Fee from Below	Fee Paid
Total Claims [] - 20** = [] x		[] =	[]
Independent Claims [] - 3** = [] x		[] =	[]
Multiple Dependent claims:		[] =	[]

** or number previously paid, if greater; For Reissues, see below

Fee Description
Claims in excess of 20 ($50 per claim)
Independent claims in excess of 3 ($200 per claim)
Multiple dependent claim, if not paid ($360)
**Reissue: each independent claim over 3 and more than in the original patent ($200 per claim)
**Reissue claims: each claim over 20 and more than original patent ($50 per claim)

SUBTOTAL (4) ($)[]

FEE CALCULATION (continued)

5. ADDITIONAL FEES

Fee Description		Fee Paid
Extension for reply within 1st month	($120)	[]
Extension for reply within 2nd month	($450)	[]
Extension for reply within 3rd month	($1,020)	[]
Extension for reply within 4th month	($1,590)	[]
Extension for reply within 5th month	($2,160)	[]
Information Disclosure Statement fee	($180)	[]
37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	($130)	[]
37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet	($50)	[]
Non-English specification	($130)	[]
Notice of Appeal	($500)	[500]
Filing a brief in support of an appeal	($500)	[]
Request for oral hearing	($1,000)	[]
Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	($1,370)	[]
Other: _____		[]

SUBTOTAL(5) ($) [500]

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Kristin Kohler	Registration No. (Attorney/Agent)	41,907	Telephone	(513) 622-3371
Signature	*[signature]*			Date	10/14/05
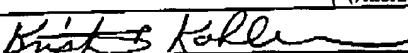
This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.